

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 09/172,853

FILING DATE

APPLICANT/

1-21-04

ITEM NO.	ADDED		ADDED		ADDED	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
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41						
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43	/					
44	/					
45	/					
46	/					
47	/					
48	/					
49	/					
50	/					

TOTAL IND.
TOTAL DEP.
TOTAL CLAIMS

REGULAR FEE
EXTRA FEE
SUBTOTAL

ITEM NO.	IND	DEP	ITEM NO.	IND	DEP	ITEM NO.	IND	DEP
51			61			71		
52	/		62			72		
53			63			73		
54	/		64			74		
55			65			75		
56			66			76		
57	/		67			77		
58			68			78		
59			69			79		
60			70			80		
61	/		71			81		
62	/		72			82		
63			73			83		
64	/		74			84		
65	/		75			85		
66	/		76			86		
67	/		77			87		
68			78			88		
69			79			89		
70			80			90		
71			81			91		
72			82			92		
73			83			93		
74			84			94		
75			85			95		
76			86			96		
77			87			97		
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79			89			99		
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TOTAL IND.
TOTAL DEP.
TOTAL CLAIMS